MASS. G68.8: T79/M47/993 - Sep - 995-Jan

# MASSACHUSETTS ADVISORY COMMITTEE FOR THE ELIMINATION OF TUBERCULOSIS

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Meeting Minutes : September 23, 1993

The Massachusetts Advisory Committee for the Elimination of Tuberculosis held it's second meeting at the State Laboratory Institute. Those in attendance are listed below:

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COMMITTEE MEMBERS IN ATTENDANCE:

Dr. James O'Connell, Mr. Ron Morin, Dr. Scott Fox, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, Dr. Laurel Miller, Mr. Terry Aberdale, Mr. Luis Prado, Dr. John Moses, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH:

Dr. Alfred DeMaria, Ms. Sue Etkind, R.N., Dr. Edward Nardell, Ms. Sally Cheney, Mr. David DeBiasi, R.N., Ms. Linda Singleton, R.N., Ms. Janice Boutotte, R.N., Ms. Jo-Ann Keegan, R.N., Ms. Nancy Taylor, R.N., Ms. Anne Empey, R.N., Ms. Jennifer Cochran, Ms. Marilyn DelValle, Dr. Manoj Jain, Ms. Josie Ford, R.N.

The meeting was called to order at 4:17 PM and was opened by Dr. DeMaria.

Dr. DeMaria:

ADMINISTRATIVE:
- Reminder to members to submit "term selections" if not already done
- Asked members to think about adding new members to committee
- Reminder to members to submit current CVs if not already done
- Introduced Dieter Koch-Weser, M.D. as Chair of the Committee

AGENDA TOPICS:
- First agenda item; TB staff update since last meeting, current grant application
- Stated that future agenda items/topics be forwarded directly to Dr. Koch-Weser
- Next Advisory Committee meeting to be held on December 15, 4PM, at the State Laboratory **NOTE: DATE SUBSEQUENTLY CHANGED TO DECEMBER 8TH.**

Ms. Etkind:
- Introduced former ORW, Marilyn DelValle in her new position as Program Coordinator of the CDC funded "Prison Screening & Prevention Project"
- Handouts to members included:
  - CDC memo regarding the new rapid assays for the detection of Mycobacterium sp. in clinical specimens
  - Project summary of the "Nursing Case Management Model" from the Division and (Education Development Center, Inc. (EDC); Ms. Boutotte was Co-PI;
  - Project summary of the proposal submitted to Robert Wood Johnson Foundation. collaborators for the proposal are Dept. of Public Health, Mass. Immigrant & Refugee Advocacy Coalition (MIRA) and Boston Dept. of Public Health
  - Progress Summary for the Program Coordinator of the Outreach Program

- Abstracts submitted to the N. E. Epidemiological Conference; 1) submitted to the Reaching the Hard to Reach Session "The Massachusetts TB/STD Project, Servicing High Risk Clients Through Cooperative Efforts" and 2) submitted to the Late Breaker Session, "Screening of Tibetan Immigrant Arrivals to Massachusetts
- Overview of the CBO "ABCD" project
- Draft of the Division's first installment to the Bureau Newsletter

Gave a brief overview of current proposals for new Grant Application. To include:
- Occupational Surveillance Project
- Health Care Worker Surveillance Project
- Surveillance/Validation Study
- Prevention & Control Section: proposals to include increasing ORWs, Foreign Born Project (Class A/B), in Boston: a community-based prevention project, a Homeless Incentive Project and a Haitian Outreach and Educational Project
- HIV Seroprevalence Project (Boston)
- Expansion of the TB/STD project to Brockton

Briefly discussed OTA report
Lemuel Shattuck Hospital (LSH) - CDC Study; DOT cost effectiveness (retrospective study)
Discussed CDC funded ongoing special projects:
- ORW Coordinator, new initiative
- CDCs new software and data management system, new Epidemiologist starting in 2 weeks under the TB prevention/surveillance system, 24 hour telephone reporting system, TB/STD project, ABCD (CBO Project, Methadone Maintenance ongoing project (abstract submitted to Methadone Conference), MDR-TB (surveillance/analysis) (introduced the Division's education director, Mr. DeBiasi)

Discussed screening and follow-up of Tibetan refugees; referred to abstract submitted to N.E. Epi Conference
Stated that D. DeBiasi was going to North Carolina for "TB Today" course

r. Nardell:
Stated that CDC or Denver Courses are hard to get into; East Coast version of courses needed

ls. Boutotte:
ttended a TB workshop in Chicago (for hospital workers)

ls. Etkind:
ATS meeting in May 94; Public Health Posters to be presented

)r. DeMaria:
. Discussed the current budget and the RFP process; Clinical services/CHNAs out The RFPs had a May 93 release for TB Control or combined TB/STD services and return date of September 10th. Review process currently going on.

Ms. Singleton:
. Briefly discussed currently funded clinics who responded to RFP, current clinics who did not respond, combined TB/STD proposals and proposals from clinics new to TB Control. Also discussed the Cape area and the utilization of the current clinic due to the increase in TB for the area

Dr. DeMaria:
. 17 clinics re-applied; not as many competitive proposals; issues remaining
  - question remaining regarding funding some or all and what final cost will be
  - how to best use resources to cover the remainder of the State - for the remainder of the year amend contracts to continue service
  - may consider RFQs; approve certain providers in the areas needing coverage; perhaps a setup like the Cape Cod clinic (private physician) - make private provider appointments

Dr. Nardell:
. Concern that prior to RFPs it cost less to provide service; new proposals have increased costs for some

Dr. Koch-Weser:
. Discussed differences in the requested financing between services - Why such a difference?

Ms. Singleton:
. Rate Setting Commission set rates; "B" visits for Nurses and overhead had less costs

Dr. Koch-Weser:
. Concerned that we will lose good TB service we had prior to RFPS; need control over service if "farmed" out

Dr. DeMaria:
. DPH involved with increasing community services; future problem - who perceives problem as theirs; DPH needs to address this
. Discussed whether we should try to develop clinics in areas needed; asked TSA nurses what they thought

Ms. Keegan:
. Stated that the Waltham area needed a clinic; private provider service would not work

Dr. Miller:
. Difficult patients won't travel distances

Ms. Empey:
. Discussed Southeast region; the Cape area works well with private provider; no proposals received from Cape Cod; concerned over the Plymouth area

Dr. Nardell:
. Cambridge needed prodding

Ms.Singleton/ Ms.Boutotte/Dr.Nardell/ Ms.Taylor:
. Briefly mentioned areas that did not submit RFPs: Quincy, Braintree, Fitchburg and Mass. Respiratory

Dr. Koch-Weser:
. Stated that he prefers a defined TB Clinic; more control

Dr. Nardell:
. In TB Clinic, public health nurses contact patients who are "no show" for appointments; in private provider office nothing usually happens

Ms. Empey:
. Stated that in Cape area (private provider setting); "no shows" are called

Dr. DeMaria:
. We don't pay for visits that do not happen; pulmonary MDs are doing this as a service
. Mentioned that there are under-served parts of the State
. Role of the Committee = encouraging new applications

Ms. Boutotte:
. Must go after big providers; most of the RFPs received are from small health care providers

Ms. Cheney:
. TB was the smallest funded part

Dr. Nardell:
. Our clients are not "popular"

Dr. Coldiron:
. Can administration extend the deadline?

Dr. DeMaria:
. No. Sole source possible to current providers

Ms. Etkind:
. There will be increased costs for new providers; may not have enough money to fund

Ms. Singleton:
. Concern of funding; overhead to health departments - rate for A/B visits rolled in

Ms. Hursen
. Stated that when she called with question re funding she was told that one can never exceed requested amount; can go below it however

Dr. Nardell/Ms. Singleton:
. Briefly discussed use of 3rd party reimbursement

Dr. Nardell:
. Health care reform will bring changes; questions re new sources of funding

Ms. Singleton:
. Berkshire Medical Center has a different rate

Mr. DeBiasi:
. What if we under fund a request?

Dr. Nardell:
. Stated that they could refuse to accept this

Ms. Cheney:
. Proposals submitted are for 17 months of funding; not an increase in costs

Dr. DeMaria:
. We must convince them that we will cover costs
. Money was reverted this year
. We need a system to come in on budget
. Like RFQ process; one pot of money - easier system but there is less control
. Impossible for PH nurse to be involved with every appointment

Dr. Miller:
. Partnership can work; consult with MD & Nurse etc.; MDs doing Tb have interest in TB

Ms. Singleton:
. It depends on size/volume; need an assigned coordinator with a vested interest

Dr. Miller:
. Private provider setting works

Dr. Nardell:
. Problem: TB management works best centered around nurse (medical decisions by MDs) but with day to day case management nurses are in best position Doctor's office structure doesn't work like this

Dr. Koch-Weser:
. How many doctors with office nurses;

Dr. Miller:
. 2 PH nurses in her community

Dr. Nardell:
. Cambridge has 4 FTE communicable disease nurses (1 TB nurse) - Somerville has 1 part time nurse for everything

Mr. Aberdale:
. Need to consider the area, i.e Boston has other health centers etc., in the Western Mass. area cities/towns have smaller budgets for public health
. With the present proposals where is public health going?..home care? Staff & funding is needed before hospitals with clinics will do public health; individual clinics will be cut vs those with combined clinic services; hospitals don't want to be involved with monitoring patient compliance - need public health

Dr. Nardell:
. At last meeting, Commissioner stated that counties would work together to cover large area

Mr. Aberdale:
. Asked if, at the State level, would county gov'ts be abolished

Dr. Koch-Weser:
. Most important issue for the future; lets table discussion until Dec. meeting when RFPs complete - get a report and then discuss

Dr. DeMaria:
. A summary of present proposals will be given in Dec.

Dr. Nardell:
. Is there any role for the State to cooperate with cities/towns to pay for PH Nurse within a CHNA?

Dr. DeMaria:
. We are discussing; the Department would support pooling of resources

Dr. Nardell:
. Would we support and initiate; would we pay?

Dr. DeMaria:
. They want us to pay; we can encourage BOHs to meet and cooperate, i.e. if we say you should do....we pay; mandate services

Ms. Boutotte:
. Economic climate has changed; bring BOHs together, Nashoba works well

Dr. DeMaria/Dr. Koch-Weser:
. BCG discussion:
  - Don't see any big need for BCG in Mass
  - In general is problem of effectiveness; studies are very expensive; of 8 studies to date 3 state quite effective (research council 80% effective) 3 studies say not effective - leaves it up to everyone to decide
  - WHO still believes it is effective in other Countries
  - Effect of BCG in Children - prevent Meningitis

Dr. Nardell:
. Agree; but still an issue in this country
. CDC sponsored meta analysis (Harvard School of Public Health)
. BCG use with health care workers (HCW), i.e. in N.Y.
. Opinion - no recommendations will come out of this

Dr. DeMaria/Dr. Koch-Weser:
. If I were a HCW in N.Y. I would request BCG
. HCWS - how often do we skin test (q 6 mos.-1 yr); argument against BCG is you lose your skin tests

Dr. Fox:
. Why do?

Dr. Nardell:
. For undiagnosed patient on ward - infectious reservoir

Dr. DeMaria:
. Consider for special populations

Dr. Nardell:
. Pine St. Inn-yes; van drivers etc.

Mr. DeBiasi:
. Those with risk of HIV infection

Dr. Nardell:
. Developed/undeveloped countries - different appropriateness

Dr. Koch-Weser:
. Definition of those mostly at risk - ? food handlers

Dr. Moses:
. ACIP makes strong suggestion for use of BCG; effective or not argument for selected use will not be controversial
. We have to do something for HCWs

Dr. O'Connell:
. Shelter workers would accept but we lose our ability to track what's going on
. In homeless program we've been lucky; no Drs. have converted; Dentists have - high risk in this area; increased risk in family shelters

Dr. Miller:
. Preventive Rx more effective than BCG

Dr. Koch-Weser:
. BCG & INH not in competition

Dr. Nardell:
. Opinion for INH swinging against (INH Hepatitis)
. Mention of Dr. Stead's paper - how protective is prior infection with TB?

Dr. Koch-Weser:
. BCG in Prisons?

Dr. Scott:
. BCG for children - consider in Medicaid program; low conversion rate in general population- not in this country

Dr. Koch-Weser:
. In Haiti it's higher

Dr. DeMaria:
. Hard sell

Ms. Singleton:
. On rare occasions - high risk of infection in home

Dr. Fox:
. If experimental we can't pay

Dr. Moses:
. Not experimental

Dr. Fox:
. Once we pay providers will use BCG on whomever; we can't restrict

Ms. Singleton:
. Standard of Care

Dr. Fox:
. Can't tell Drs.; not worth risk

Mr. DeBiasi:
. Creates gray area

Dr. Fox:
. Perhaps we'll see with better studies; we would have no control however
. We are requiring an annual TB test on all Medicaid Managed Care patients

Dr. Nardell:
. They'll be no more studies

Dr. O'Connell:
. If someone had BCG and then gets infected - what would we do?

Dr. Moses:
. Don't have to convert after BCG

Dr. Nardell:
. With MDR-TB only reason BCG is on the table

Ms. Boutotte:
. With our cases; goes back to compliance; including Rx

Dr. DeMaria/Dr. Nardell:
. ? acceptance of BCG

Dr. Fox:
. Homeless - creates problem; lose index of suspicion; don't look for TB

Dr. Moses:
. Risk with homeless & HIV population - BCG to asymptomatic HIV pos. children?

Dr. Nardell:
. HIV HCW & shelter workers are at greatest risk

Dr. Fox/ Dr. Nardell/Dr. DeMaria:
. "New vaccine" - BCG not indicated for those we are able to follow

Dr. DeMaria:
. Document from CDC - prevention of TB in HCWs

Dr. Nardell:
. OSHA will endorse
. NIOSH will recommend "Dust Mist Fume Respirators"; reusable; increased costs with neg. pressure rooms
. More stringent recommendations CDC/NIOSH; let industry know difference with TB

respirator vs industrial one
. UV Rx better
. American Hospital Assoc. concerned re cost

Dr. Miller:
. Recommended for clinics?

Dr. Nardell:
. Some; neg. pressure rooms - no

Dr. Koch-Weser:
. With masks there is a psychological effect

Dr. Moses/Dr. Koch-Weser/Dr. Nardell/Dr. Fox/Dr. DeMaria:
. Briefly discussed masks, isolation rooms, ante rooms etc.; bad for patient

Mr. Aberdale:
. CDC & Corrections re neg. pressure isolation rooms - have 6 at Ludlow

Dr. Miller/Dr. Nardell/Mr. Aberdale/Dr. Fox:
. Prison setting situation different vs hospital situation

Mr. DeBiasi:
. Briefly discussed guides for HCW skin testing

Dr. Koch-Weser:
. Asked if minutes were being taken of this meeting
. Asked for reproduction of Posters before next meeting

MEETING ADJOURNED AT 6:45 pm

MASS. G68.8:T79/M47/993-Dec

# MASSACHUSETTS ADVISORY COMMITTEE FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: December 8, 1993

The Massachusetts Advisory Committee for the Elimination of Tuberculosis held it's third meeting at the State Laboratory Institute. Those in attendance are listed below:

COMMITTEE MEMBERS IN ATTENDANCE:

Dr. James O'Connell, Dr. Scott Fox, Dr. Dieter Koch-Weser, Ms. Kathleen Hursen, R.N., Dr. Laurel Miller, Dr. Kwan Kew Lai, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH:

Dr. Alfred DeMaria, Ms. Sue Etkind, R.N., Ms. Linda Singleton, R.N., Ms. Sally Cheney, Ms. Janice Boutotte, R.N., Ms. Josie Ford, R.N., Mr. David DeBiasi, R.N., Ms. Nancy Taylor, R.N., Ms. Anne Empey, R.N.

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The meeting was called to order at 4:35 PM and was opened by Dr. DeMaria.

Ms. Ford:
- Discussed "term selections" and follow-up letter to those members not having chosen a term to be served on the Advisory Committee.
- Briefly noted that current CVs are missing from 2 members.
- Reminded members about recommendations/names for new members on the Advisory Committee.

Ms. Etkind:
- Also discussed adding new members; a TB Laboratory person, a Consumer, etc.

Ms. Cheney:
- Discussed the Department's "Prevention Initiative" with regard to having a consumer as a member of Committee; most DPH Advisory Committees have consumer members

Dr. Koch-Weser:
- Asked if this meant a TB Patient?

Ms. Boutotte:
- Stated that this could be a clinic patient

Dr. Koch-Weser:
- Discussed possibility of other groups

Dr. DeMaria:
- Mentioned the Refugee Health Advisory Committee

Dr. Koch-Weser:
- Asked about the term selections chosen by members

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Ms. Ford:
. Stated that there were perhaps 5 members with 1 year terms selected, 5 members with 2 years and 1 or 2 members chose 3 year terms.

Ms. Singleton:
. Briefly discussed 3 pilot RFPS and possibility of RFQ to areas we need continued coverage; also discussed extending contracts in those areas not having submitted RFPs

Dr. DeMaria:
. Stated that there are 17 new contracts; 4 existing clinics not part of the RFP process equalling 21 clinics in all; contracts will be extended for 3 clinics. Contracts will be for 17 months,

Dr. Fox:
. Asked about a future clinic in Lowell; He was informed that Saints Memorial will be the Lowell clinic site.

Dr. Koch-Weser:
. Asked about funding

Ms. Singleton:
. Stated that funding is based on the numbers seen

Dr. Fox:
. Asked if we had or do we have clinics seeking 3rd. party payment?

Ms. Singleton:
. Stated that 3rd. party payment is being presented at time of contract negotiations

Dr. Fox:
. Asked if funding is still based upon them not collecting 3rd. party pay?

Ms. Singleton:
. Stated that reimbursement very low; Rate Setting Rates low and that some clinics that did not apply said money was a reason

Dr. Fox:
. Stated that if clinics used 3rd party payors previously funded allotments could be used to do other needed things
. Effort should be made to collect

Ms. Singleton
. Stated that clinics have an incentive to do 3rd party; however, it would cost Burbank Hospital to do this, unless a person already had medicaid card

Dr. DeMaria:
. In STD clinics it is done; great variability with 3rd party billing; some are very effective

Ms. Singleton/Dr. Koch-Weser/Dr. DeMaria
Ms. Hursen/Dr. Fox:
. Discussed pros/cons regarding 3rd party; deductibles, deterrents, billing those persons with jobs, phasing the process in etc.

Dr. Koch-Weser:
. Suggested that this should be a future agenda item; present to members how persons being billed, alternatives etc.

Dr. DeMaria:
. Best STD clinics do is 20-30%

Dr. Fox:
. Discussed impact of health care reform; uninsureds
. DPH/Committee should recommend to the Insurance Commission that there be a minimal "basics" to cover specific TB services

Dr. Koch-Weser:
. Stated that when he was in Los Angeles issues raised regarding nurses spending 70% of their time on paperwork

Dr. Fox:
. Stated that there would be no mechanism for Public Health programs in National Health Care Plan; no uncompensated care

Dr. Coldiron:
. Asked that the "use of TB Program as a model for future health care reform" be placed as a future agenda item

Dr. Koch-Weser:
. Asked that someone in group be identified to look into this

Dr. DeMaria:
. Stated OK

Dr. Fox:
. Discussed the coordination of computer systems within clinics with regard to cases; have a true network/tracking system and updated client record; increased accountability and better data

Dr. Fox/Dr. DeMaria/Dr/Koch-Weser:
. Discussed above issue; discussed Immunization tracking system which must be in place; complex; no uniform data collections systems; enormous costs are involved
. Decentralization of health care - not going to come to pass
. Central billing from DPH; according to services; simplicity of billing for clinic

Ms. Boutotte:
. Stated that there were about 32,000 clinic visits per year

Dr. Fox:
. Stated that there would be an incentive to clinics; take costs (billing) away from clinics

Dr. DeMaria:
. With billing service; increase revenues

Dr. Fox:
. Subcontract; "makes DPH look like it's privatizing

Dr. Koch-Weser:
. Stated that committee would devote some time to above issue in the future
. Asked if geographic distribution of clinics is satisfactory?

Dr. DeMaria:
. Discussed the 5 CHNAS; there are not enough clinics - need clinics in the Fitchburg, Quincy/Braintree, Waltham and Plymouth/Cape & Islands areas
. DPH would like to do RFQs - identify a TB care specialist and have that individual (PP) provide service and require that they follow recommended CDC guidelines and have liaison with local BOH

Dr. Fox:
. Asked about the Springfield area

Ms. Etkind:
. Replied that this was one of the Pilot areas

Dr. Fox:
. Discussed developing a true "capitation rate" for TB services;

Ms.Singleton:
. Replied that we use Rate Setting Commission rates

Dr. Coldiron:
. Stated that we would get the service we want, in the way we want

Dr DeMaria/Dr. Fox:
. Briefly discussed OBRA 93
. Discussed Medicaid payment for TB services (TB infection eligibility criteria); similar to being self-declared for pregnancy (temp. Medicaid card while eligibility is being verified - payment for services directly related to pregnancy; Federal Gov't sponsored through Welfare Office; now OB/GYN must make the referral
. Would like to see a list of Federal Gov'ts allowable services
. Also would like estimates of TB costs for pts.

Dr. Maria:
. Stated that 20% of TB pts. eligible

Dr. Fox:
. Mentioned using the State TB program for TB drugs; Medicaid can't make patients go to us, even if Medicaid pays 10 times the amount for drugs
. Also discussed presumptive eligibility; i.e., only Pulmonologists can provide service

Dr. Koch-Weser:
. Provides continuity; any condition related to a lung disorder?

Dr. DeMaria:
. Eligibility under OBRA is automatic; still a lot of detail work to do
. The Program will get some "numbers" together
. Reimbursement for VNAs perhaps?
. Actually specify DOT

Dr. Fox:
. Briefly discussed paying someone for DOT; additional service increases costs

Ms. Singleton:
. Something that's not already paid for - big change in Medicaid system

Ms. Etkind/Ms. Singleton:
. Mentioned Medicaid rate for a Home Health Aide

Dr. Fox:
. Federal Gov't pays 50%; an audit can be complicated

Dr. DeMaria:
. Brought up discussion of Lab tests; there are automatic tests which are covered, however, some clinics think we should pay for other tests, i.e., Sed. Rate, drug levels etc. and if we make these other tests available, everyone will be having them done and this may create a problem

Dr. Fox:
. Why don't we have basic protocols? - Committee should decide what is appropriate

Dr. Koch-Weser/Ms. Singleton/Dr. DeMaria:
. Perhaps prior authorization for special tests; come up with some reasonable guidelines

Dr. Fox/ Dr. DeMaria/Ms. Singleton:
. Discussed Medicaid and a fair reimbursement rate; Hospitals are required to bill at the Medicaid Rate - reimbursement at a certain rate

Dr. DeMaria:
. Draft guidelines will be drawn up and circulated to members prior to next meeting i.e, if an abnormal x-ray then approval for a CT-scan

Dr. Koch-Weser:
. Confirmation would be needed for certain tests; others would be clearly acceptable

Dr. Fox:
. Medicaid is in the process of putting in certain protocols; if person has certain complaints, certain tests would be acceptable

Dr. DeMaria:
. Discussed DPH budget being in House 1; these committees don't fully understand TB or our (State Lab) budgets
. Some of the funding also comes from Block Grants, however the Federal

Gov't has increased the Fringe and Indirect rates; we may have to cut back
. AIDS advocates formed a group to lobby, to increase education on AIDS needs and services; we do not have a TB/STD advocacy group

Dr. Koch-Weser:
. When is TB budget taking place?

Dr. DeMaria:
. It's the State Lab Budget; they don't see a TB budget

Ms. Etkind:
. Is it the timing?

Dr. Fox:
. Cost shifting? now is not the time; if we were to request increased funding for TB, they would take it from somewhere else

Dr. DeMaria:
. House 1 budget; we've always lost $ after this; we'll discuss this at the March Advisory meeting

Mr. DeBiasi:
. Briefly discussed the revised CDC booklet "TB/HIV - The Connection; What Health Care Workers Should Know" which was handed out to members

Dr. Koch-Weser:
. Who makes INH?

Ms. Etkind:
. Briefly discussed that N. Taylor & J. Ford attended the TB course at National Jewish in Denver

Dr. Koch-Weser:
. Let us know about, at the next meeting, funding etc. to hold "TB Today" Course here

Ms. Etkind:
. At the May ATS/ALA meeting, Janice and David are chairing a Nurse Network meeting
. No word on Grant award yet; if the possible decision is based on "cost per case" basis, we won't come out with increased funding
. Briefly discussed educational activities of the Program

Dr. Fox:
. With regard to institutions/ HIV Clinics etc.; how will education on ventilation systems etc. be addressed?

Mr. DeBiasi:
. Proposed a Industrial/Occupational Hygienist

Ms. Etkind:
. Final comments on the revision of the new "Guidelines for Preventing the Transmission of TB in Health-Care Settings, with Special Focus on HIV-Related Issues" are due by next week; E. Nardell and/or David will work with MHA in the future

Dr. DeMaria:
. Some institutions are in line with our recommendations, others are not

Ms. Etkind/Ms. Boutotte/Dr. Fox/Mr. DeBiasi:
. Discussion around new recommendations; very expensive for some institutions to adhere to new ventilation guidelines, i.e., nursing homes etc.; nothing from CDC regarding this
. Perhaps DPH can have Massachusetts specific guidelines/recommendations for its institutions

Ms. Etkind:
. In N.Y. State, they reiterated CDC document and adapted it to their own State; do we want to take this on? wait till spring? many revisions to go

Dr. Fox:
. MDR-TB - we may only need one central set-up

Dr. DeMaria:
. Some hospitals already over "covering" in their future hospital plans based on the new recommendations

Dr. Coldiron:
. Hospitals are under pressure from OSHA

Dr. Miller:
. One must have high rates before its enforced; applies to clinics

Mr. DeBiasi:
. Rate hospitals
. Low risk institutions will still have to do an inordinate amount of work, PPD testing etc.

Dr. Miller:
. They should be doing this

Mr. DeBiasi:
. E. Nardell is going to recommend that every institution have one respirator for use by anyone who feels they need it

Dr. Fox/Dr. DeMaria/Mr. DeBiasi:
. Discussed issue that hospitals are getting guidelines from multiple sources

Dr. Fox:
. OSHA Regulations - apply for a waiver; the Commonwealth can apply for a waiver of these regs

Dr. DeMaria:
. No, mining states or parts of the Country with no TB

Dr. Fox:
. Show our State and why it doesn't apply

Ms. Etkind:
. "Success Abstracts" being submitted for National TB Controllers Meeting in January: 1) A Strategy for a TB Education Program
2) TB/STD project
3) Confidentiality Policy
4) Interactive TB Data base with CDCs
5) Tibetan Screening Project
. At the ACET meeting discussions on BCG
- New member Jeff Starke, M.D. - kids, needs attention
- Subcommittee of the ACET/ACIP formed to resolve remaining issues
- "Model TB Program Document"; copies will be sent to members
- Briefly discussed new Lab testing technologies
. N. E. TB Controllers meeting interest in what other States are doing - copies to be sent to members
- Model Prevention Center
- Sending specimens to Nat'l Jewish
- CT recommendations
- N.J. - Legal/restrictive measures

Dr. DeMaria/ Ms. Etkind:
. Drug Treatment centers - Block Grant requirement for all persons in substance abuse treatment (or awaiting a slot) to be screened for TB Implication to be a future agenda item

Ms. Boutotte:
. Discussed 1993 cases thus far:
- 270 cases to date; significant decrease
- increased cases in children
- Foreign Born; same as last year, about 50%
- Decrease in the homeless
. Abstract of Tibetan screening handed out to members
. Somalian refugees; background given

Ms. Etkind:
. Next meetings agenda discussion to be held regarding a TB Program Review

Ms. Boutotte:
. Mentioned new Epidemiologist hire - S. Sharnpraprai
. Outlined program hierarchy; Nurse - ORW etc.

Dr. Koch-Weser:
. Next meeting will be held on **March 29th, 1994; from 3-6 PM**

. Stated that "compliance" would be on next meeting agenda

Meeting adjourned at 7PM

MASS. G68.8: T79/M47/994 - Mar

# MASSACHUSETTS ADVISORY COMMITTEE FOR THE ELIMINATION OF TUBERCULOSIS

Meeting Minutes: March 29, 1994

The Massachusetts Advisory Committee for the Elimination of Tuberculosis held its' fourth meeting at the State Laboratory Institute. Those in attendance are listed below:

COMMITTEE MEMBERS IN ATTENDANCE:

Mr. John Brickley, Ms. Kathleen Hursen, R.N., Dr. Koch-Weser, Dr. Kwan Kew Lai, Dr. John Coldiron

DEPARTMENT OF PUBLIC HEALTH:

Dr. Alfred DeMaria, Ms. Sue Etkind, R.N., Ms. Linda Singleton, R.N., Dr. Edward Nardell, Ms. Janice Boutotte, R.N., Ms. Sally Cheney, Ms. Josie Ford, R.N., Mr. David DeBiasi, R.N., Ms. Anne Empey, R.N., Ms. Marilyn DelValle, Ms. Jo-Ann Keegan, R.N., Ms. Nancy Taylor, R.N., Ms. Jennifer Cochran, Ms. Sharon Sharnprapai

BOSTON DEPARTMENT OF HEALTH & HOSPITALS; TB CONTROL

Dr. John Bernardo, Ms. Kathy Foley, R.N., Ms. Sue Yoon, R.N., Ms. Rita Nieves, R.N., Ms. Denise O'Connor, R.N., Ms. Venus Grey, R.N.,

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The meeting was called to order at 3:15 PM and was opened by Dr. DeMaria.

Dr. DeMaria:
- On May 4th., in Burlington, the Mass. Hospital Assoc.(MHA) is sponsoring a workshop on fit testing/fit checking of masks
- On June 22nd., at the State Laboratory Institute (SLI), a Laboratory sponsored inservice on "Screening via Acid Fast Staining of Direct Specimens" will be held.

Ms. Ford:
- Distributed updated Advisory Committee members list. Dr. Peter Sheckman, Advisory Committee Member has had to resign his term
- Tabled for discussion the term selections for committee members. 6 current members selected 1-year terms, which end September, 1994.

Dr. DeMaria:
- Discussed potential selection/nominations of future committee members. Nominees should be representative of the communities at risk (a list of potential nominee sources is attached)
* The Commissioner will appoint members

Ms. Etkind:
- Presented for discussion idea that permanent Advisory Committee membership would consist of "voting members" and suggested that periodically other organizations could send a representative to offer advice or information on specific topics; i.e. Food & Drug Bureau, etc.

- Presented an update on the committee agenda from the March ACET meeting in Atlanta. Topics addressed were: various Nat'l. surveys; MDR-TB outbreak update; BCG; review of corrections statement; TB morbidity update; prevention effectiveness study update; model TB program; TB in children; TB screening guidelines; rifater (fixed combo).
- Stated that her term on ACET would soon be over
- Presented an outline of the recent ALA sponsored Conference, "Re-establishing Control of Tuberculosis in the U.S., which was held in March at Georgetown University, Washington, D.C. The individual committee meetings included: Epidemiology; Public Health Infrastructure; Research and Training; Legal and Ethical Issues; Patient and Public Education. Each committee is charged with producing a report; preliminary drafts to be put together and will be published in AJRCCM-not many new recommendations
- Discussed draft letter inviting liaison members to the Advisory Committee
- Tabled for discussion idea of having liaison members to the Advisory Committee; asked for comments

Dr. Bernardo:
- Stated that these liaison members could offer their view on certain topics

Ms. Etkind:
- Made following suggestions: that these liaison members could address an agenda item; could provide feedback or attend Committee meetings if interested in a specific agenda item; that this suggested idea could be piloted for 1 year
- Asked Committee members in attendance if the above suggestions were agreeable to them and if they had suggestions of their own with regard to possible liaison members

Committee Members:
- Agreed with suggestions for future membership

Dr. Koch-Weser:
- Suggested inviting a representative from Mass. Public Health Assoc. (MPHA)
- Asked for a copy of Committee member list

Ms. Hursen:
- Suggested inviting someone from a Prevention Center

Dr. DeMaria:
- Suggested a CDC representative

Ms. Cheney:
- Suggested a LTC member

Ms. Etkind:
- Asked committee members to send ideas to Ms. Ford

Ms. Etkind:
- Gave an overview of the FY94 Federal Co-operative Agreement Grant Funding Awards; TB/HIV Project (continuation); Laboratory Improvement;

Model TB Programs (5 sites across country funded); Prevention & Control (TB Program personnel, ORWs etc.); Surveillance (separate category)

Dr. Koch-Weser:
. Asked if funding dollars were all from CDC?

Dr. DeMaria:
. Stated that we had decreased federal funding because we're doing a good job
. Mentioned the House 1 budget; State Laboratory budget = $400,000. increase
. Discussed current situation regarding TB medications; $150,000 shortfall this year - shortfall due to increased costs of TB drugs, more usage of PPD (30% increase); increased usage of TB drugs due to changes in treatment recommendations, drug resistance etc.; making usage projections difficult.

Dr. Koch-Weser:
. Suggested looking systematically for other grants for TB funding sources

Dr. DeMaria:
. Stated that we now subscribe to Funding Bulletins

Dr. Coldiron:
. Suggested that we identify Legislators with a TB interest

Dr. DeMaria:
. Looked into this; no one person ("TB is an old problem")

Dr. Koch-Weser:
. Suggested subcontracting? Should pursue this further

Dr. DeMaria:
. Stated that there was a State FTE Cap; can't hire staff because #s must match; can't hire contracted people (qualified people) because there are no benefits and we lose people

Ms. Etkind:
. Distributed a copy of the 1992 Annual Report for the Division of TB Control (condensed version that went to CDC last Fall); Annual Report to be presented to the PH Council on March 31st., with a press release related to this report; 1992 data, overview of some 1993 data, the TB Lab role, Lemuel Shattuck Hospital (LSH) role and BCH role also to be presented
. Distributed a copy of the current CDC TB Notes (Fall)
. Mentioned attending the TB Controllers Meeting in Atlanta along with Dr. Nardell and Dr. Bernardo of Boston DH&Hs. Programs across country had a chance to share ideas
. Discussed CHNA process and concept of service delivery; 5 Division staff members are participating in CHNA prevention process

Ms. Etkind:
. Statements will be shared with members if interested
. Presented 1993 national statistics
. Stated that there was a new unit at CDC; Preventability Effectiveness

Unit. Currently involved with ORW surveys; observational study; evaluation
. "Model TB Program" ready; copies to be distributed to help people get what they need and how to evaluate their programs
. Briefly mentioned Dr. Ussey's study on "TB in children"
. Rifater should be available the end of June
. Mentioned CDC's recommendation for universal DOT

Ms. Etkind/Dr. Koch-Weser/Dr. Nardell/Ms. Ford:
. Brief discussion regarding DOT; DOPT; each case different

Dr. Lai:
. Mentioned DOT being performed in clinic or wherever

Ms. Boutotte:
. Stated that realistically in Mass., patient often comes to clinic vs ORW going to patient's home

Dr. Koch-Weser:
. Stated that usually those who come to clinic are not the ones who need DOT

Ms. Foley:
. Stated that usually it's (DOT) for those who can't manage on their own; in Methadone Maintenance sites, shelters and clinics, DOT is universal

Ms. Boutotte:
. Stated that one cannot make a judgement statement that a person who comes to clinic every month is taking their meds

Dr. Lai:
. Asked if DOT was three times a week

Ms. Boutotte:
. Could be bi-weekly

Dr. Nardell:
. There can be complicated regimens

Ms. Foley:
. Stated that bi-weekly regimens can be a problem because if a person misses a day, you can lose a week's treatment

Dr. Lai:
. Need an incentive to come

Ms. Foley:
. Mentioned LSH; it's not used as a threat but person is aware of the possibility of being admitted

Ms. Boutotte:
. Distributed a summary sheet of the preliminary 1993 Surveillance data

. Briefly mentioned the "High-Risk" City list; State case rate may go down but there may be increases in individual cities/towns, i.e. Waltham, Randolph and Medford are added to list for 1993

Dr. Coldiron:
. Asked if there were a pattern to the increases or decreases seen

Ms. Boutotte:
. Responded that 1 case can make a difference
. Stated that there were no major changes in the Counties; Suffolk County = one-third of the cases

Dr. DeMaria:
. Mentioned Boston cases; 1993 = 115; 1992 there were 128 which is a 10.2% decrease in 1993

Ms. Boutotte:
. Mentioned the TSA structure and fact that TSA 3 (northeast region of State) has seen the largest increase in cases in 1993
. Mentioned that there was a 4% decrease in males; 68% of cases were pulmonary ; 3% of the cases were TB Meningitis (this is preliminary data and will be looked at further); 60% of the cases were in minorities

Dr. Koch-Weser:
. Asked if higher tendency by group per 100,000

Ms. Boutotte:
. Stated that were are working on case rates for specific groups but need population data; might use 1990 info

Dr. Koch-Weser:
. Using population data determine rate for homeless; count is done for this group

Ms. Boutotte:
. LTC (long-term care) rates are difficult to do

Mr. DeBiasi:
. Packet of information distributed to committee members included copies of: proposal for MDPH "TB Today Course", OSHA TB Policy, updated literature list outlining educational materials available from the Division, a chapter written by S. Etkind and titled "The Role of the Public Health Department in Tuberculosis and published in book titled "Medical Clinics of North America", an article titled "T.B., The Second Time Around" written by J. Boutotte and published in the May issue of "Nursing 93", a chapter written by E. Nardell and titled "Environmental Control of Tuberculosis" published in "Medical Clinics of North America", an article written by E. Nardell titled "Pathogenesis of Tuberculosis", a chapter written by S. Etkind titled "Contact Tracing in Tuberculosis" and published in "Biology of Lung Disease", abstracts submitted by Division staff for the upcoming May ATS/ALA Conference, the April 1994 MDPH newsletter "Communicable Disease Update"
. Discussed holding a "TB Today" course in Mass.; the expected cost to sponsor this course about $2,200.; if the course were successful, perhaps

it could be marketed to others; some concerns involved are: how to raise funds, (ALA?); charge an "out-of-State" tuition; MHRI - can contribute to speakers or travel expenses, but not to food or housing; offer 22 CEUs; possible sites might be retreat centers etc.

Dr. Koch-Weser:
. Asked When?

Mr. DeBiasi:
. This Fall ideally

Dr. Koch-Weser:
. Suggested that it may be cheaper to hold during the Summer when colleges are not open

Mr. DeBiasi:
. Said this was a good idea; that S. Carolina held theirs in a State Park

Dr. DeMaria/Ms. Cheney/Dr. Koch-Weser:
. Mentioned possible choices; Tufts, UMASS, Brandeis, Mass. Hospital School

Dr. Lai:
. Suggested that length of course may be too long for some people; being away from families, etc.

Dr. Nardell:
. Stated that the first target audience would be BOH/Health Dept. Nurses
. Also mentioned possibility that Harvard School of Public Health is interested in running a clinical TB course targeted toward physicians and other health care providers

Dr. Lai:
. Asked if would be a "hands on" course

Dr. Nardell:
. Stated that it would be in lecture format

Mr. DeBiasi:
. Discussed OSHA ramifications (handout given to members); stated that limiting transmission vs limiting exposure, there is a shift in idealogy; samples of masks shown to members; stated that he would be attending a conference in California the end of April regarding occupational exposure

Dr. Nardell:
. Stated that CDC makes recommendations and that OSHA regulates; States are being fined; OSHA hasn't gotten message

Mr. DeBiasi:
. Gave overview of educational/literature requests received by the Division: 225 letters have been responded to since Jan. 94, which is more that all of 1993
. 160 inservices given; one third by me; one third by Dr. Nardell; 75% targeted to HCPs; there is a need to do more large scale inservices

- Briefly mentioned the upcoming ATS/ALA conference in May and noted the various abstracts submitted by Division staff
- Discussed Communicable Disease Bureau Newsletter highlighting TB articles
- Handed out the "Guide to Laboratory Services" to members; useful for anyone doing sputums

Dr. Lai:
- Asked what our recommendations were for "masks"

Mr. DeBiasi:
- Responded to Dr. Lai that a summary sheet on OSHA TB Enforcement Guidelines was included in his handouts; addressing respiratory protection; waiting for final CDC document to out to do Mass. recommendations
- Highlighted book published from Office of Technology Assessment; United States Congress and involving Senator Kennedy's office titled "The Continuing Challenge of Tuberculosis" - S. Etkind contributed to this publication

Ms. Singleton:
- Gave an overview of TB Clinic services and operations
- Discussed drug use & expenditures - budget of $500,000 spent by 2/94; analysis of expenditures: four drug initial therapy, increased usage of second line drugs for resistant cases and the cost of PPD is up by 32.5%; plans include-continued analyzing of quarterly pharmacy reports and monitoring of TB clinic pharmacy orders and investigating federal drug discount pricing program
- Handouts to members included: current TB Clinic provider list (applicable to the end of June), draft of RFQ for TB Outpatient Clinics, copy of revised TB regulations scheduled for public hearings & copy of supporting Letter from Dr. DeMaria to the Commissioner & members of the PH Council, copy of memo sent to program management at Medicaid regarding Medicaid waiver for TB Clinics

Dr. Koch-Weser:
- Asked if we charge Medicaid for TB drugs?

Ms. Singleton:
- Responded No. Stated that we get a better price and don't make out with Medicaid; better centralized in Clinics

Dr. Nardell:
- Stated that the clinics & pharmacies don't have billing mechanisms

Dr. DeMaria:
- Stated that even with Federal reimbursement (50%) drug costs are high; DPH buys vaccines off Federal Contracts

Ms. Singleton:
- Stated that the Division is looking into other ways

Ms. Yoon:
- Presented an overview of the Boston Dept. of Health & Hospital's TB Clinic

program such as: a daily clinic with 7 sessions per week staffed by 7 attending/7 fellows; nurse clinic with 10 sessions per week (am/pm) staffed by 2 clinic nurses; TB program has 5 public health nurses with clinic supervision by myself and overall program management/supervision by Ms. Rita Nieves; average 10,000 clinic visits per year, 5100 of which are nurses visits during 1993; one x-ray technician available; half-time phlebotomist available; there are 3 HIV counselors; ORWs from the RHP are terrific; there is a case manager for every suspect; 95% compliance rate for active cases; satellite clinics are at Pine Street, So. Bay Jail, St. Elizabeths and 4 Methadone sites; there were 1,600 home visits by PH Nurses, 2,500 walk-ins for PPDs; interpreter services available but ORWs assist as needed; clients referred from schools, college students, LTC employees, US Immigration and self-referrals for job clearances

Dr. Koch-Weser:
. Asked if Ms. Yoon knew the number of non-documented immigrants

Ms. Yoon:
. Responded that the question is not asked

Dr. Koch-Weser/Dr. Nardell/Dr. DeMaria:
. Briefly discussed immigrants & benefits of legal vs illegal; cannot ask legal status

Dr. Koch-Weser:
. Stated when he was in Washington for a forum - WHO discussed

Dr. DeMaria:
. Stated that in Mass. we do not deny services

Dr. Nardell:
. Stated that in Texas & San Diego, with cross-borders, there is a need for a system to monitor cases

Dr. DeMaria:
. Briefly discussed revisions to TB regulations (handout of updated regs given out); these have not been brought up to current since 1963

Ms. Singleton:
. Stated that there would be Public Hearings to take/hear testimony; hope to wrap up by June PH Council; the regs. were PH Council approved prior to hearings; after hearings a summary of comments go to the Council
. Handed out current TB Clinic list; briefly discussed and handed out summary of RFP; RFQ for needed areas (9,20, 23 & 27)

Dr. Coldiron:
. Asked how we would mail to selected people in fairness to all

Dr. DeMaria:
. Stated that contracted agencies, PH Depts., new providers would be targeted in order to increase access to care
. Mentioned summary sheet handed out regarding Medicaid Waiver

Dr. DeMaria/Ms. Singleton:
. Mentioned memo regarding exemption from "Managed Care Program"
. Clinics bill for Medicaid and should be able to do; but not with Managed Care System

Dr. Nardell:
. Global problem; insurance rules/regs.

Ms. Singleton:
. Billing Depts. notify private providers; how do we distinguish TB Pts.; unique to medical billing

Dr. DeMaria:
. Stated idea was not to increase medicaid costs for TB billing coverage

Ms. Singleton:
. With regard to 3rd. party billing - patient cannot get a bill

Dr. DeMaria:
. People that buy into medicaid by and large are low-usage people

**NEXT MEETING SCHEDULED FOR JUNE 7TH., FROM 3-6 PM, Room 123 at the SLI**

MASS. G68.8: T79/M47/994/Jun v

# MASSACHUSETTS ADVISORY COMMITTEE FOR THE ELIMINATION OF TUBERCULOSIS

Meeting minutes: June 7, 1994

The Massachusetts Advisory Committee for the Elimination of Tuberculosis held its' ~~third~~ fifth meeting at the State Laboratory Institute. Those in attendance are listed below:

COMMITTEE MEMBERS IN ATTENDANCE:

Mr. John Brickley, Ms. Kathleen Hursen, R.N., Dr. Dieter Koch-Weser, Dr. Laurel Miller, Dr. Kwan Kew Lai

DEPARTMENT OF PUBLIC HEALTH:

Mr. David DeBiasi, Ms. Jennifer Cochran, Ms. Sally Cheney, Ms. Sue Etkind, Ms. Nancy Taylor, Ms. Janice Boutotte, Dr. Edward Nardell, Ms. Anne Empey, Ms. Josie Ford

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BOSTON DEPARTMENT OF HEALTH & HOSPITALS:

Dr. John Bernardo, Ms. Venus Grey, Ms. Rita Nieves

The meeting was called to order at 3:25 PM and was opened by Ms. Etkind.

Ms. Etkind:
- Asked members if they had received minutes of the last meeting and if they approved the minutes as is

Dr. Koch-Weser:
- Stated that minutes were received; members approved

Ms. Etkind:
- Discussed restructuring the Advisory Committee; the Committee would have a medical executive board whose members would be knowledgeable in tuberculosis such as a pulmonologist, pediatrician, infection control practitioner as well as 4 or 5 other members; the executive board would meet every other month and twice a year would bring issues to the full Advisory Committee; current M.D. members could participate on executive board

Dr. Koch-Weser:
- Stated that members not in attendance would have explanation of the executive board presented to them, inviting them to participate; no sense in voting

Dr. Lai:
- Asked about duties of the executive board

Ms. Etkind:
- Duties to include a TB/substance abuse action plan which the State needs;

universal DOT, 4 drug treatment etc.

Dr. Lai:
. Asked if we would follow CDC policies

Ms. Etkind:
. Responded that we would like the Committee to make recommendations and help us set policy

Dr. Koch-Weser:
. Stated that members could comment on executive board agenda items which would be mailed to them

Ms. Etkind:
. Stated that we would have to address on-going issues

Dr. Lai:
. Mentioned drug treatment centers and suggested that perhaps we could ask someone from drug treatment center to comment on specific issues

Ms. Etkind:
. Said that we would take the information that was available and develop a State plan
. A possible member might be Dennis Mccarthy from Bureau of Substance abuse

Dr. Koch-Weser:
. Stated that it would be up to us (members) to come up with a proposal; and invite others for comment

Ms. Etkind:
. We could invite others to come and comment

Dr. Koch-Weser:
. Suggested looking at draft substance abuse proposal

Ms. Etkind:
. Stated that substance abuse treatment people have ?????????????

Dr. Koch-Weser:
. Asked how large the executive board membership would be

Ms. Etkind:
. Stated possible 7 or 8; CDC doesn't suggest a pediatrician as a potential member, but we would like one

Dr. Koch-Weser:
. Suggested having an Epidemiologist as a member

Ms. Etkind:
. Presented a budget update; meetings being held with Senate members regarding $400,000 taken out of Lab. budget

Ms. Etkind/Dr. Bernardo/Ms. Cheney/Dr. Koch-Weser:
. Discussed shortfall and budget implications

Mr. Brickley:
. Suggested building a constituency

Ms. Etkind:
. Stated that it would be discussed with Dr. DeMaria
. Mentioned an award presented to Divisions' of TB & STD for their work in correctional facilities
. Told members that there were 2 publications out: WHO's "TB Global Epidemic and World Banks' World Development Report "Investing in Health" with info on TB; members can receive copies if interested

Mr. DeBiasi:
. Asked why World Bank interested in diseases

Dr. Koch-Weser:
. Stated their philosophy is keep the world active & productive

Ms. Etkind:
. Mentioned Office of Treatment Improvements' report " Screening for Infectious Disease among Substance Abusers and asked if members received a copy
. Mentioned National Institute of Justice/CDC publication "Issues & Practices; TB in Correctional Facilities
. Stated that the Cooperative Agreement Grant due 10/5
. Discussed 2 supplemental Grants to current cooperative agreement involving 1) Hospitalization of TB Cases, 2) Skin test screening study; Dr. Nardell will coordinate putting the proposals together
. The Division was funded through CDC for an Occupational Study; An Epidemiologist will be recruited to coordinate this project. There will be a $25 interview schedule for health dept.s to do related survey

Ms. Etkind:
. Asked members if they were receiving copies of the CD Bureau minutes

Dr. Nardell:
. Mentioned the recent ATS/ALA conference in Boston and the session with Jason Robards' reading of selections from Frank Ryans' book "The Forgotten Plague: How the Battle Against Tuberculosis Was Won....and Lost"

Ms. Boutotte:
. Mentioned the new treatment statements

Mr. DeBiasi:
. Distributed copies of new treatment statement to members

Dr. Nardell:
. Mentioned small changes in statement; usual ATS/ALA format

Ms. Etkind:
. Stated that Dr. Nardell would summarize new treatment statement for the next Bureau newsletter

Dr. Lai:
. Asked if statement applied to non-HIV individuals

Dr. Nardell:
. Responded that statement covers all, HIV as well; same recommendations, same drugs

Dr. Lai:
. Asked about persons who could not tolerate Rifampin

Dr. Nardell:
. Responded that they would be on a longer regimen

Dr. Koch-Weser:
. Questioned statement in new treatment guidelines regarding BCG (page 1372 of document enclosed)

Dr. Nardell:
. Responded that this statement is always in there

Dr. Koch-Weser:
. Asked about infection rate monitoring in hospitals

Dr. Nardell:
. Responded that there will be data with regards to new OSHA regs.; we don't have population data but we will have hospital data; we do have school data

Ms. Boutotte:
. Stated that we have data on sub groups

Ms. Etkind:
. Mentioned that infection rate in certain schools is higher

Dr. Koch-Weser/Dr. Nardell/Ms. Boutotte/Ms. Etkind:
. Discussed use of BCG; not widely available but can get from CDC; there will be more information forthcoming after the June ACET meeting

Dr. Nardell:
. Stated that Boston school infection rates varied widely; about 8%

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Staff from the Divisions' of TB Control and Refugee Health presented the posters from recent ATS/ALA conference. Posters presented included:

Ms. Singleton: Presented; First Author Ms. Alo, ABCD
. **CBO's and TB Control: A Community Partnership (summary handed out to members)**
- Dr. Koch-Weser: Asked if there were certain requirements needed to be an outreach worker
- Mr. DeBiasi: Stated that peer educators trained these people originally
- Dr. Koch-Weser: Asked if the outreach workers do the education for TB, HIV & STD at the same visits

Ms. Cochran: Presented; First Author Ms. Cochran
. **Tuberculosis Cases Among Southeast Asians in Massachusetts**
- Dr. Koch-Weser: Asked if Refugee Health worked with other organizations in the State?

- Ms. Cochran: Responded that they did and they worked will with S.E. Asian organizations but less luck with Russian organizations
- summary of poster handed out to members

Ms. Singleton: Presented; First Author Ms. Gedarovich
. **The TB/STD Project: Reaching the Hard to Reach**
- Ms. Rita Nieves: Asked how long the outreach workers were at the STD sites
- Dr. Laurel Miller: Responded that in the New Bedford STD site the outreach worker was there twice per week
- Ms. Singleton: Stated that the outreach workers do DOT (directly observed therapy) if necessary
- Dr. Nardell: Mentioned that the TB infection rate was 7% in STD sites
- Ms. Etkind: Stated that the infection rate in methadone maintenance sites was 2%
- summary of poster handed out to members

Ms. Boutotte: Presented; First Author Ms. Sharnprapai
. **Are Tuberculosis (TB)/Acquired Immunodeficiency Syndrome (AIDS) Cases Over-Reported for AIDS or Under-Reported for TB?**
. Showed slides on related TB/AIDS match data to above poster
- Ms. Etkind: Asked members if there questions for Ms. Boutotte
- Dr. Koch-Weser: Briefly mentioned denominator factors per population
- Dr. Bernardo: Asked for percent data on above poster
- Ms. Boutotte: Responded that 4% of AIDS cases with TB; 5% of TB cases with AIDS
- Dr. Koch-Weser: Asked Ms. Boutotte for a summary of poster

Ms. Ford:
. **How Do You Evaluate Your Outreach Workers?**
- Dr. Koch-Weser: Discussed a new grant proposal sponsored by CDC involving monitoring of outreach worker activities. A copy of the announcement given to Ms. Ford for follow-up. Possible joint submission with EDC (Education Development Center)

Ms. Singleton: Presented; First Author Ms. Singleton
. **Long Term Care for TB: How to Ensure Success**
. Presented slides on Lemuel Shattuck Hospital (LSH) TTU
- Dr. Koch-Weser: Mentioned that about 60% of nursing home residents have dementia
- Dr. Bernardo: Stated that with regard to LSH there are challenges to legal statutes; rights vs legal issues
- Ms. Nieves: Stated that 60% of LSH inpatients are from Boston; city problem; the total number of admissions included those with multiple admissions

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Ms. Singleton:
. Briefly discussed the RFQ process; deadline for submission 6/10; all wanted areas applied
. Mentioned the TB Regulations which still in process; testimony being taken
. Re TB drugs - Not enough money budgeted for current fiscal year;

additional expenses related to increased cost for drugs; use of more drug combinations; cost for PPD risen 35%

Ms. Singleton/Dr. Bernardo:
. Briefly discussed the budget process for TB drugs

Dr. Nardell:
. Mentioned the combination TB drug Rifater and related higher cost

Ms. Etkind:
. Stated that we should supply the best to the patient

Dr. Koch-Weser:
. Raised possibility of discussing budget shortfall with future "Executive Board"

Ms. Etkind:
. Stated that somehow we do en up with enough money for TB drugs

Ms. Singleton:
. Stated that drug costs for current year are based on prior year expenditures

Mr. DeBiasi:
. Handed out laminated TB drug cards
. Handed out draft summary of proposed Mass. "TB Today" course to be held Oct. 31-Nov. 3; Stated that we received funding from the ALA to sponsor course; the course is modeled after So. Carolina course which receives on average 90 applicants for 40 slots, course is held twice a year; course to be held here will be free to 30 applicants
. Discussed the flip-chart designed by the outreach workers for outreach workers; will be printed in both spanish & english and there will be a related manual to go with it; potential users will be expected to attend an all day training prior to obtaining flip-chart

Ms. Grey:
. Asked if slides would be made of above mentioned flip-chart

Mr. DeBiasi:
. Responded no, that it is intended for lo-tech users

Ms. Etkind:
. Handed out PROSPECTUS; Legal & Ethical Issues for Alcohol and Other Drug (AOD) Treatment Providers; to be agenda item with future Executive Board; substance abuse funding contingent upon having a State plan for TB attached to document
- The prospectus will be reviewed by Committee Members along with other related documents to be sent to members for summer reading & review; Committee comments will then be brought to substance abuse people

Dr. Bernardo:
. Discussed need for good linkage between substance abuse people & TB people; need to review confidential issues; substance abuse care givers doing better with use of outreach

Next meeting of Advisory Committee members has not been scheduled. The meeting will be held in September. Members will be notified of the date when it is arranged.

MASS. G68.8: T17/M47/995-Jan

# MASSACHUSETTS ADVISORY COMMITTEE FOR THE ELIMINATION OF TUBERCULOSIS

Meeting minutes: January 17, 1995

The Massachusetts Advisory Committee for the Elimination of Tuberculosis met at the State Laboratory Institute. Those in attendance are listed below:

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COMMITTEE MEMBERS IN ATTENDANCE:

Mr. John Brickley, Dr. James O'Connell, Dr. Dieter Koch-Weser, Dr. Laurel Miller

DEPARTMENT OF PUBLIC HEALTH:

Ms. Sue Etkind, Dr. Edward Nardell, Mr. James Duane, Ms. Linda Singleton, Ms. Josie Ford, Ms. Janice Boutotte, Ms. Jennifer Cochran, Ms. Nancy Taylor, Ms. Meg Harding, Ms. Jo-Ann Keegan, Ms. Anne Empey, Mr. David DeBiasi

BOSTON DEPARTMENT OF HEALTH & HOSPITALS:

Ms. Rita Nieves, Dr. John Bernardo, Mr. Michael Malone, Ms. Denise O'Connor, Ms. Venus Grey

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The meeting was called to order at 4:20 PM and was opened by Dr. Koch-Weser.

Dr. Koch -Weser:

. Welcomed attendees; asked for comments on June meeting minutes; minutes passed

Ms. Sue Etkind:

. Distributed a number of handouts to members

Ms. Josie Ford:

. Discussed current membership standing; handed out an updated summary with changes

G68.8: T17/M47/995-

Ms. Sue Etkind:

. Discussed the formation of a Medical Advisory Board, a working group of physician advisors, who would develop policy & protocols. This Board would meet perhaps 3 times per year and would present draft protocols etc. to the general Advisory Committee membership. The first agenda item would be a pediatric policy.
. Invitations to potential Board members will begin shortly and it is hoped that we will convene a March meeting of Board members; with a general Committee membership meeting being held in April.
. Advisory Committee Members were asked for suggestions on potential Medical Board members:
  - Ms. Etkind stated that Dr. Stephen Lehrman of Harvard Community Health Plan had expressed an interest
  - Dr. Koch-Weser suggested Mary Wilson, an Infectious Disease physician from Mt. Auburn Hospital and also stated that Dr. John Moses would continue on Advisory Committee; also suggested inviting someone **active in community involvement**
  - Dr. Nardell suggested Dr. Tim Brewer, an I.D. physician at The Channing Laboratory; perhaps someone from Lemuel Shattuck; suggested Dr. Jean-Marie Baptiste; also suggested inviting a Pediatrician active in TB
  - Mr. Brickley suggested an education/school system member

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- Dr. Koch-Weser mentioned having a consumer and/or someone from an ethnic community organization
- Ms. Nieves suggested perhaps someone from a CBO
- Ms. Etkind suggested a member from Refugee Advisory Committee
- Ms. Cochran mentioned Mattapan Community Health Center; primarily serving Haitian community

Dr. Koch-Weser:

. Asked about Dr. Coldiron's replacement at Mass. Hospital Association (MHA). Ms. Ford had stated earlier that Dr. Coldiron leaves MHA the end of January.

Ms. Etkind:

. Stated that we would seek MHA representation
. Prevention Center representation would be explored

Dr. Koch-Weser:

. Briefly discussed how to reasonably assure a quorum at meetings
. Questioned changes to current Advisory Committee membership
. Asked about how many members there would be and also discussed which would be the best day to hold future meetings

Dr. Nardell/Ms. Etkind/Dr. Koch-Weser:

. General discussion about how often groups would meet; smaller Medical Board members (6-8 members) would meet less often (twice a year) and larger Advisory Committee members (about 15 members) would meet more often (four times per year); possible for membership on both committees
. Stated that recruitment of additional Advisory Committee members should be initiated
.

Ms. Etkind:

. Stated that she and J. Ford would coordinate formation of the Medical Advisory Board; survey current membership and plan future meetings and would communicate plans with Committee members

. Discussed recent TB Controllers' meeting at CDC and highlighted the following:
  - "learning abstracts" (Mr. DeBiasi submitted one)
  - overview of current funding and future funding issues; decreased funding meant cuts in service provider contracts; our Surveillance area received a large funding reduction

Ms. Nieves:

. Asked Ms. Etkind if Boston TB Control might be able to obtain requested incentive money (proposal cut) from unobligated funds; Ms. Etkind stated it may be possible

Dr. Koch-Weser:

. Asked about any Lab cuts; Ms. Etkind stated that requested funding for MGIT testing was deferred

Dr. Bernardo:

. Asked how unobligated funds are handled

Ms. Etkind:

. Stated that three months after Grant year is completed and final bills are in then she can propose to reallocate funds; also stated that there were three amendments to FY94 Grant (3 proposals added by CDC with funding) that will need to be funded from unobligated funds
. Gave a brief overview of FY95 program goals and objectives

Mr. Brickley:
. Suggested producing a document for a Briefing (15 minutes in length?)

Dr. Nardell/Ms. Singleton/Dr. Bernardo/Dr. Koch-Weser:
. Discussion continued on future funding implications; incorporating program goals into a briefing; National ALA agenda regarding TB

Dr. O'Connell:
. General statement made regarding health care reform and impact on TB; question asked "do we know what happened with TB in Tennessee & Oregon"?

Dr. Nardell:
. Responded that it will take several years for adverse effects to be seen

Dr. O'Connell
. Stated that Tennessee has seen an increased refugee population - TB from here

Dr. Nardell:
. Asked what would the effect of health care reform have on the homeless population

Dr. O'Connell
. Responded Health Care for the Homeless/Wisconsin, National League of Community Health Centers has a huge lobbying effort

Ms. Nieves:
. Stated that Boston is trying to improve image with Community Health Centers

Dr. Bernardo:
. Stated that there is a "belief" that TB management is frivolous- they can do without BCH support

Ms. Boutotte:
. Stated that we would have about 330 cases this year (give or take) - this would be a 10 1/2% decrease vs 14% decrease in 1993
. Mentioned CDC's new TIMS (TB Information Management System) software; all States will be expected to utilize this system

Ms. Singleton:
. Gave a brief overview of TB Clinical visits/expenditures (handout to members)

Dr. Nardell:
. Commented that clinic visits are increasing as cases decrease (suspect increase won't last long); believe it is related to the increased awareness of TB
. Ms. Singleton & Dr. Nardell mentioned that the use of PPD has also increased

Dr. Koch-Weser:
. Asked if any progress had been made with Medicaid/Medicare payment for TB drugs?

Ms. Singleton/Dr. Nardell:
. Stated that in our Clinics, TB drugs are free - if free from Medicaid could be a good/bad situation - anyone could treat TB....

. Ms. Singleton stated that this would help our budget, not theirs

Dr. Koch-Weser:
. Asked if expenditures for Clinics included TB drugs; Ms. Singleton stated it only included clinical services

Dr. Miller:
. Perhaps cost of drugs could be bundled into clinic visit; rate would include billing for entire service; probably a way to do this - establish a rate based on cost

Ms. Singleton:
. Stated that this has been discussed with the Rate Setting Commission before and it was decided that a single rate for all clinics, which included TB drugs, was not feasible at that time

Dr. Koch-Weser:
. Asked how STD Clinics do it

Dr. Miller:
. Stated that cost is bundled in

Ms. Singleton:
. Stated that TB Clinics are different from STD Clinics regarding drug costs and usage. The TB Clinics vary from one to the other regarding the number and types of drugs they need. Preventive therapy is the cheapest and most frequent in small clinics. Treating cases is very expensive. Even if there was an adjustment for different clinics, an outbreak in a small clinic would cause increased usage without adequate compensation.

Dr.. Miller:
. Stated it could be done; work backwards - get 3rd. Party Billing working then go on with this

Ms. Singleton:
. Cited Lynn Health Center as an example

Dr. Koch-Weser:
. Stated that it wasn't TB alone

Dr. Bernardo:
. Stated that with any other disease this is done

Dr. O'Connell:
. Suggested plugging into a health center mode - Federal Gov't recognizes health center

Ms. Singleton:
. Stated that we don't want deterrents - questioning clients regarding health coverage can be a deterrent

Dr. O'Connell:
. Stated that at HealthCare for the Homeless they only ask for SS # - this isn't a deterrent; if they have Medicaid we bill - no SS#, we don't bill

Ms. Singleton:

. People with other insurance coverage - this can create problems with deductibles

Dr. O'Connell:
. Community Health Centers have a sliding scale; don't have to ask, only bill Medicaid, never generate a patient bill
. Commented that in Oakland, Ca, Health Care for the Homeless federally qualified for billing for all TB services

Ms. Singleton:
. Stated that numbers represented # of clinic visits, not # of persons

Dr. O'Connell:
. Community Health Centers get $65/visit rate for RN or MD for each encounter

Ms. Singleton:
. Responded that Rate Setting Commission rate was $54.90
. Handed out copy of new Regulations & reviewed with members

Ms. Boutotte:
. Gave an overview of our Case Management System for TB Control; stated that we had a 94-95% completion of therapy rate for cases
. Mentioned CDCs national focus on universal D.O.T.
. Stated that staff were in the process of defining the whole process; nursing, outreach etc.

Dr. Bernardo:
. Stated that there was a crusade for directed D.O.T. around the country
. Stated that in N.Y.C there is "forced D.O.T."; court ordered
. Makes it incumbent to show that Case Management solves D.O.T problems

Dr. Nardell:
. Stated that one can make the argument for universal D.O.T. - easier to sell
. Mentioned that John Sbarbarro states that two thirds of clients will take meds, one third won't; Massachusetts is willing to make best judgement for individual

Dr. Koch-Weser:
. Controversy over individual rights vs public rights

Dr. Nardell:
. D.O.T. suppresses individual rights to protect public rights; in Baltimore they have 100% completion rate with 100% D.O.T.; one can get increased rates with D.O.T.

Dr. Koch-Weser:
. Asked "are you opposed to Lemuel Shattuck Hospital (LSH)"?

Dr. Nardell:
. Replied "no"; LSH goes along with Case Management; the patient, physician & nurse are decision makers - go through our process (least restrictive to more restrictive); we have lower rates of involuntary commitments and increased rates for voluntary admissions
. Booklet on Rifater handed out (combination Rifampin, INH, PZA); stated that Rifater is incompatible with D.O.T.; dosing doesn't work with twice weekly therapy; we decided to make Rifater the Standard of Care;

available now; designed for self-administration; cost is same price as individual drugs
. Briefly discussed Lab errors which have occurred around the Country - RFLP testing found contamination in our Lab as well as elsewhere; belief that 26% of outbreaks in NY due to Lab transmission; steps have been taken to correct situation - if there are 2 specimens in batch of 10 that are positive then there is a check
. Mentioned PCR - false positives rampant with this method
. Mentioned CDC/NIOSH booklet on TB transmission

Mr. DeBiasi/Dr. Nardell:
. Brief mention of Class "C" respirators; standards for respiratory protection, as outlined in Federal Register, difficult to understand; persons wearing respirators 5% of the time or less per week don't need medical evaluation

Mr. DeBiasi:
. Discussed Divisions first "TB Today" course held in November; success this first year; 85 persons applied & 40 were accepted, 35 of whom were funded by the ALA; next year funding from Merrill Dow

Mr. Malone:
. Stated that the course was excellent; stated that he was new to TB Control program and the course gave him grounding, was informative and the speakers were approachable

Ms. Etkind:
. Stated that a high-light of the program was a Skit performed by Boston TB Program - what can go wrong in various settings

Mr. DeBiasi:
. Discussed the one-day training scheduled which was to be held in November with 225 applicants - this was cancelled due to unavailability of parking - re-scheduled for June 7, 1995 in Burlington; to be co-sponsored by Mass. Medical Society & ALA; speakers to include Philip Hopewell, Lawrence Geiter, Marie Turner, John Bernardo, Ed Nardell
. Referred to the CD Bureau newsletter (hand out) & article on Rifater and our stance on it
. Mentioned the TB Satellite Course from CDC to be held at 5 sites in Mass; self-study model where completed course materials given to CDC for certificate of completion
. High-lighted new/revised publications (handed out)

Dr. Koch-Weser:
. Asked about the schedule for June 7th conference

Mr. DeBiasi:
. Stated that brochure for June 7th conference (TB in a Changing World) would be mailed to Advisory members
. Mentioned TB skin test ruler being developed for use in State

Dr. Koch-Weser:
. Brief discussion regarding next meeting

Ms. Etkind:
. Medical Advisory Board meeting to be set for March; Committee meeting after this (April or May)

Meeting adjourned at 6:35 PM